



Client No. 2036 Client Name OH MATERIALS Location 1002 OSWEGO ST. UTICA, N.Y. Date 8/6/87

Facility Equipment N/A Detex Clock N/A Weapon No. N/A Hoister N/A Nightstick N/A Raincoat 1 Flashlight 3 Other Logbook / 2 keys / Radio

Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.

Officer—Day Shift (Name) GEORGE, JOHN D Officer—Swing Shift (Name) Bloomquist Officer—Grave Shift (Name) Duck Kokoszki

Shift Began 8 AM Ended PM Shift Began 12 M Ended 8 AM

Observations or actions taken	Day Shift			Swing Shift			Grave Shift		
	Yes	No	Explanation	Yes	No	Explanation	Yes	No	Explanation
Rounds or stations missed		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
Unlocked doors, gates or windows		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
Unlocked vaults or safes		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
Fire-smoke-or hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
1. Extinguishers missing or defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
2. Sprinkler system defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
3. Fire doors or exits blocked		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
4. Rubbish accumulation		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
5. Motors running		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
6. Lights left burning		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<u>As Required</u>		<input checked="" type="checkbox"/>	<u>LIGHTS out 0536</u>
Injury hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
Visitors		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<u>OHM & EPA PEOPLE</u>
Trespassing		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<u>ON SITE</u>
Violation of company rules		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	

Remarks

439241

IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.

1. Were you injured during this tour?	Day Shift 1. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Day Shift 2. Yes <input type="checkbox"/> No <input type="checkbox"/>	Day Shift 3. Yes <input type="checkbox"/> No <input type="checkbox"/>	Swing Shift 1. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Swing Shift 2. Yes <input type="checkbox"/> No <input type="checkbox"/>	Swing Shift 3. Yes <input type="checkbox"/> No <input type="checkbox"/>	Grave Shift 1. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Grave Shift 2. Yes <input type="checkbox"/> No <input type="checkbox"/>	Grave Shift 3. Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Did you suffer any illness?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Have you reported all accidents coming to your attention?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Signatures	1. <u>John D. George</u>			1. <u>Bloomquist</u>			1. <u>Duck Kokoszki</u>		
Signatures	2.			2.			2.		
Signatures	3.			3.			3.		